



DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION*

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

THERAPEUTIC AGENTS USEFUL FOR TREATING PAIN

and for which a patent application:

- ☐ is attached hereto and includes amendment(s) filed on (if applicable)
- ☒ was filed in the United States on September 23, 2003 as Application No. 10/669,823 (for declaration not accompanying application) with amendment(s) filed on (if applicable)
- ☐ was filed as PCT international Application No. on and was amended under PCT Article 19 on (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION				
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.


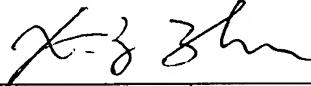
PROVISIONAL APPLICATION NUMBER	FILING DATE
60/412,847	September 24, 2002

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED

* for use only when the application is assigned to a company, partnership or other organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	LAST NAME SUN	FIRST NAME Qun	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Princeton	STATE OR FOREIGN COUNTRY New Jersey	COUNTRY OF CITIZENSHIP USA People's Republic of China	
	POST OFFICE ADDRESS	STREET 19 Aldgate Court	CITY Princeton	STATE OR COUNTRY NJ	ZIP CODE 08540
	SIGNATURE OF INVENTOR 201 			DATE 1/21/2004	
2 0 2	FULL NAME OF INVENTOR	LAST NAME ZHOU	FIRST NAME Xiaoming	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Plainsboro	STATE OR FOREIGN COUNTRY New Jersey	COUNTRY OF CITIZENSHIP People's Republic of China	
	POST OFFICE ADDRESS	STREET 22 Dogwood Drive	CITY Plainsboro	STATE OR COUNTRY NJ	ZIP CODE 08536
	SIGNATURE OF INVENTOR 202 			DATE 01/21/04	
2 0 3	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 203			DATE	
2 0 4	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 204			DATE	
2 0 5	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 205			DATE	

Express Mail No EV 335 858 628 US

Date Mailed February 2, 2004

Serial No. 10/669,823

Inventor Qun SUN and Xiaomihg ZHOU

First Class Mail ☐

Filed September 23, 2003

For THERAPEUTIC AGENTS USEFUL FOR TREATING PAIN

- | | |
|--|--|
| <input type="checkbox"/> Affidavit/Declaration | <input type="checkbox"/> Fee Address Indication Form |
| <input type="checkbox"/> Amendment | <input type="checkbox"/> Fee Calculation |
| <input type="checkbox"/> Application pages | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Claims Drawing Sheets | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Appeal, Notice of | <input type="checkbox"/> Oral Hearing Request/Confirm |
| <input type="checkbox"/> Assignment | <input type="checkbox"/> Petition to Extend Time |
| <input type="checkbox"/> Brief (in Triplicate) | <input type="checkbox"/> Petition Under 37 C.F.R. |
| <input checked="" type="checkbox"/> Declaration (executed) | <input checked="" type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Design Application | <input checked="" type="checkbox"/> Assignee <input type="checkbox"/> w/Revocation |
| <input type="checkbox"/> Disclaimer | <input type="checkbox"/> Sequence Listing w/ Computer Readable and Paper Copy |
| <input type="checkbox"/> Disclaimer | <input type="checkbox"/> Small Entity Statement |
| <input type="checkbox"/> Disclosure Statement <input type="checkbox"/> Form PTO-1449 | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> w.refs. <input type="checkbox"/> w/o refs. | <input type="checkbox"/> Transmittal Letter |
| <input type="checkbox"/> Drawings, Formal Sheets Figures | <input type="checkbox"/> Fee By Deposit Account 16-1150 |



Other: Response to Notice to File Missing Parts (in duplicate); copy of Part 2 of Notice to File Missing Parts; Correspondence Address Indication Form

File no.: 6750-157-999

Sender: SBA:GAS:rbb

BEST AVAILABLE COPY